MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

#129 596 03792

Reg. Diat. No. 5

1. PLACE OF DEATH:
County: Calvert
City or town: Broomes Island
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1½ yrs
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Calvert
City or town: Broomes Island
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: No

3.(a) FULL NAME: Emma A. BIRD

3.(b) Social Security Number: No

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	M

6.(b) Name of husband or wife: Charles E. Bird
6.(c) If alive, give age: 66 years

7. Birth date of deceased (mo., day, yr.): Mar. 20, 1880

8. AGE:

Years	Months	Days	If less than one day
67	1	12	....hrs. ....min.

9. Birthplace: Woodsville, Virginia
(Town, county, and state)
10. Usual occupation: Home (Invalid)
11. Industry or business
FATHER 12. Name: Edward Arnold
13. Birthplace: Virginia
MOTHER 14. Maiden name: Emma Pemberton
15. Birthplace: Virginia
16. Informant: Charles Bird
Address: Broomes Island
17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 6, 1947 (month) (day) (year)
Cemetery or crematory: St. Pauls
Location: Prince Frederick, Md
18. Funeral director: A. A. Hutchins & Son
Address: Mutual, Md
19. May 5 1947 (Date rec'd by registrar) N. W. Ward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 2 1947, at 4:30 M
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from April 8 1946, to ? 19..... and that I last saw her alive on ? 19.....

Immediate cause of death	DURATION
General Debility	
Due to: Chronic Arthritis Deformans	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ....Date of op.....
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ....Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Page Gott M.D.
M. D. or other
Address: Prince Frederick Md. Date signed: 5/3/47

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03793 9

183

Reg. Dist. No. 5-2

1. PLACE OF DEATH:
County: Chas Beach
City or town: Calvert
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 day
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: D C County: Washington
City or town: 1412 C St S.E.
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Washington D C
(If rural, give LOCATION)
2.(a) If veteran, name war: ✓

3.(a) FULL NAME: William Blankenship

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	S

6.(b) Name of husband or wife: —
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 1931

8. AGE: Years: 16 | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: Wash D C (town, county and state)

10. Usual occupation: School

11. Industry or business:

FATHER
12. Name: Elwin Blankenship
13. Birthplace: D C

MOTHER
14. Maiden name: Mary C Hopwood
15. Birthplace: Rockville Md

16. Informant: Mrs Helen Cudmore
Address: 1412 C St. N E Wash D C

17. Removal (Burial, cremation, or removal. Which?) Date thereof: June 3 - 1947 (month) (day) (year)

Cemetery or crematory:
Location: Washington, DC.

18. Funeral director: H. H. Chambers Co.
Address: 517 - 11th ST SE Wash, DC.

19. June 3 1947 (Date rec'd by registrar) Grace L. Hutchins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 30 1947 at 11 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ... 19... to ... 19...
and that I ~~last saw him~~ alive on ... 19...

	DURATION
Immediate cause of death: Drowned	
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of: 5/30/1947
Where did injury occur? Chas. Beach Calvert Md
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?): Chas. Beach
Means of injury: Drown Injured at work? No

23. SIGNATURE: H W Husband M. D. or other
Address: Owings Md Date signed: 6/3/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

95c

03794 10

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH:
County Calvert
City or town Paris
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 30 yrs.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Calvert
City or town Paris
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
none
2.(a) If veteran, name war

3.(a) FULL NAME Luvenia Coates

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	Married

6.(b) Name of husband or wife James Coates
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct. 9, 1886

8. AGE: Years	Months	Days	If less than one day
60	7	20	..... hrs. ..... min.

9. Birthplace A.A. Co, Md.
(Town, county, and state)
10. Usual occupation Domestic
11. Industry or business
FATHER 12. Name Frank Wills
13. Birthplace A.A.Co
MOTHER 14. Maiden name Luvenia Alton
15. Birthplace Md.
16. Informant James Coates
Address Paris, Cal. Co. Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 1, 1947 (month) (day) (year)
Cemetery or crematory Patuxent
Location Huntingtown, Md.
18. Funeral director T.A.Hardesty & Son
Address Galesville, Md

19 May 30 19 47 (Date rec'd by registrar) Grace L. Hutchins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 29 May 19 47 at 7:45 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 23 May 19 47 to 29 May 19 47 and that I last saw h.er alive on 27 May 19 47

Immediate cause of death	DURATION
Cerebral hemorrhage	
Due to Essential hypertension	5 or years
Due to	
Other conditions Cardiac enlargement	> 1 wk

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE Troy V. Cox Jr. M.D. M. D. or other
Address Lothian, Md. Date signed 29 May 47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

183 CB #139 #3795

Reg. Diat. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County Calvert

City or town Chas Beach

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? .....

Hospital, institution, or street address where death occurred:

.....

How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Washington County DC

City or town 1412 C St. N.E. Wash DC

(If outside city or town limits, write RURAL and give nearest town)

Street No. .....

(If rural, give LOCATION)

2.(a) If veteran, name war .....

3. (a) FULL NAME Howard Elmer Cudmore

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	M

6.(b) Name of husband or wife Mrs Helen Cudmore

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept 25, 1926

8. AGE: Years	Months	Days	If less than one day
21	1	9	..... hrs. ..... min.

9. Birthplace Wash DC

(Town, county, and state)

10. Usual occupation Clerk

11. Industry or business Govt

FATHER 12. Name Howard F Cudmore

FATHER 13. Birthplace Wash DC

MOTHER 14. Maiden name Jessie L Mayhew

MOTHER 15. Birthplace Wash DC

16. Informant Mrs Helen Cudmore

Address 1412 C St N.E. Wash DC

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 5, 1947 (month) (day) (year)

Cemetery or crematory Cedar Hill Cemetery

Location Washington, D.C.

18. Funeral director Chamberlin

Address .....

19. June 4 1947 (Date rec'd by registrar) H. W. Ward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/30 1947 at 1120A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h[illegible] alive on ..... 19.....

Immediate cause of death ..... DURATION

Drown

Due to .....

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes fill in the following:

Accident, suicide, or homicide Accident Date of injury 5/30/47

Where did injury occur? Chas Beach (City or town) Calvert Co (County) Md (State)

Injured at home, farm, industry, public place (where?) Public Place

Means of injury Drown Injured at work? No

23. SIGNATURE [illegible] M. D. or other

Address [illegible] Signed 6/1/47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

175a 03796 # 130

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County: Calvert

City or town: Prince Frederick (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred: Calvert Co. Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Washington County: D.C.

City or town: (If outside city or town limits, write RURAL and give nearest town)

Street No. 1534 Otis St., N.E. (If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3.(a) FULL NAME: Clyde L. Fowler

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	White	Married

6.(b) Name of husband or wife: Esther Fowler

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 3, 1895

8. AGE: Years: 71 Months: Days: If less than one day: hrs. min.

9. Birthplace: Ohio (Town, county, and state)

10. Usual occupation: Builder

11. Industry or business:

FATHER 12. Name: Lorenzo D. Fowler

FATHER 13. Birthplace: Swansea, Wales.

MOTHER 14. Maiden name: Louise Hildebrand

MOTHER 15. Birthplace: Sharon, Pa.

16. Informant: Hospital Records

Address:

17. (Burial, cremation, or removal. Which?) Removal Date thereof: 5-10-47 (month) (day) (year)

Cemetery or crematory:

Location:

18. Funeral director: J. Wm Lee's Sons Co.

Address: 3Lo - 4½ St., N.E., Wash. D.C.

19. (Date rec'd by registrar) 5-10 1947 N.W. Ward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 10 1947, at 3:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 12th 1947, to May 10 1947

and that I last saw h alive on 1947

Immediate cause of death	DURATION
Uremia	
Due to: Toxemia	
Due to: Trauma of right kidney	
Other conditions: Fracture of right wrist	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause (to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of injury: 5/1/47

Where did injury occur? Prince Frederick Calvert Md. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): Farm

Means of injury: Auto accident Injured at work? Yes

23. SIGNATURE: Dr. W. Gant Asst State Med Examiner M. D. or other

Address: Prince Frederick Date signed: 5/10/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 · 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

170c

03797 7

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH:
County Calvert
City or town Mt Harmony (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Md County Paris
City or town Calvert Co (If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Robert W. Gray

3.(b) Social Security Number

4. Sex: M
5. Color or race: C
6.(a) Single, married, widowed, or divorced: S.

6.(b) Name of husband or wife
6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) 1928

8. AGE: Years 19 Months — Days — If less than one day ... hrs. ... min.

9. Birthplace md (Town, county, and state)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Joseph S. Gray
13. Birthplace Calvert Co Md

MOTHER
14. Maiden name Ellen Wills
15. Birthplace Anne Arundel Co Md

16. Informant Joseph S. Gray
Address Paris Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5/13/47 (month) (day) (year)
Cemetery or crematory Coopers Chapel
Location Smithville

18. Funeral director Pinkney Sewell
Address Prince Frederick

19 May 11 1947 Grace L. Hutchins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/11 1947, at 2:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19 ..., to ... 19 ...
and that I last saw h... alive on ... 19 ...

Immediate cause of death: Cerebral hemmorage, fractured skull, auto accident, killed instantly

DURATION

Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of 5/11/47
Where did injury occur? Mt Harmony Calvert Md (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Road
Means of injury Auto accident Injured at work? no

23. SIGNATURE Howard Robt H. Wedermann M. D. or other
Address Owings Md Date signed 5/11/47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (154)

CERTIFICATE OF DEATH

03798 133

Reg. Dist. No. 51

1. PLACE OF DEATH:
County: Calvert
City or town: Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address (if not in hospital): where death occurred:
Calvert Co. Hosp
How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Calvert
City or town: Owings
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Helen Marilyn Marie Holland **3.(b) Social Security Number**

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Single

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/27/47

8. AGE: Years | Months | Days | If less than one day: 4 hrs. min.

9. Birthplace: Prince Frederick (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER — 12. Name: Leo Holland
13. Birthplace: Calvert Co.

MOTHER — 14. Maiden name: Helen R. Hall
15. Birthplace: Chas Co Md

16. Informant: Leo Holland
Address: Huntingtown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5-29-47 (month) (day) (year)
Cemetery or crematory: Hall's Creek
Location

18. Funeral director: Leo Holland
Address: Owings Md

19. 5-29 1947 (Date rec'd by registrar) H. W. Ward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 27 1947, at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5/27 1947, to 5/27 1947
and that I last saw her alive on May 27 1947

Immediate cause of death	DURATION
Prematurity	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: Prince Frederick Date signed 5/28/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Evidence for the change of age is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

FILM No. G 7 10. JUN 10 1947

CERTIFICATE OF DEATH

03793 13+ 54a

Reg. Diat. No.

1. PLACE OF DEATH:
County: Calvert
City or town: Plum Point.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Calvert.
City or town: Plum Point.
(If ontside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Charlie Hurley.

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	C	X

6.(b) Name of husband or wife: Persilla Hurley
8.(c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): July 21, 1879

8. AGE: Years	Months	Days	If less than one day
67			hrs. min.

9. Birthplace: Md. (Town, county, and state)
10. Usual occupation: Farmer.
11. Industry or business: /

FATHER
12. Name: ?
13. Birthplace

MOTHER
14. Maiden name: Martha Gross
15. Birthplace: Martha Gross. Md

16. Informant: Persilla Hurley
Address: Plum Point.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5-31-47 (mouth) (day) (year)
Cemetery or crematory: St Edmonds
Location: Calvert,

18. Funeral director: P. E. Sewell
Address: Prince Frederick, Md

19. 5-31 19 47 H. W. Ware Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: 5, 28, 1947, at 11 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4-20 19 to 5-28 19
and that I last saw h alive on 5-27 19

Immediate cause of death	DURATION
Uremia & Epi	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Paige C Sell M. D. or other
Address: Prince Frederick Md. Date signed: 5-30-47

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(I) MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95C

03800

CERTIFICATE OF DEATH

Reg. Dist. No. 50

1. PLACE OF DEATH:
County: Calvert
City or town: Solomons (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Calvert
City or town: Solomons (If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war: No

3.(a) FULL NAME: Olaf A. Olsen

3.(b) Social Security Number: 216-18-5765

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Cora Olsen
6.(c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.): Oct. 31, 1877

8. AGE: Years	Months	Days	If less than one day
69	6	4	...hrs. ...min.

9. Birthplace: Norway (Town, county, and state)
10. Usual occupation: Waterman
11. Industry or business:
FATHER 12. Name: John Olsen
FATHER 13. Birthplace: Norway
MOTHER 14. Maiden name: Marie Hansen
MOTHER 15. Birthplace: Norway
16. Informant: Mrs. Cora Olsen
Address: Solomons

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May. 7, 1947 (month) (day) (year)
Cemetery or crematory: Solomons M.E.
Location: Solomons, Md
18. Funeral director: A. A. Harkness & Son
Address: Mutual, Md

19. 5/6 (Date rec'd by registrar) 1947 E. S. Coster Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 5 1947 at 4:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April-30 1947 to May 5 1947 and that I last saw him alive on April-30 1947

Immediate cause of death	DURATION
Cardiac dilatation	1 hr
Due to: Senile degeneration	2 yrs
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: E. S. Coster - M.D. (M. D. or other)
Address: Solomons, Md. Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

130-

932

03801

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Calvert
City or town: Long Beach
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: County:
City or town: Washington D C.
(If outside city or town limits, write RURAL and give nearest town)
Street No. 3511 Davenport St N W
(If roral, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME Charles L. Satterfield

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W	Married

6.(b) Name of husband or wife: Edith P. Satterfield
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 18, 1888

8. AGE: Years	Months	Days	If less than one day
59	1	12	hrs. min.

9. Birthplace: Washington, D C.
(Town, county, and state)
10. Usual occupation: Capt. Fire Dept. (Retired)
11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: Washington

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Margaret Satterfield
Address

17. May 30, 1947 (Burial, cremation, or removal. Which?) Date thereof May 30-47 (month) (day) (year)
Cemetery or crematory: Wash. D C
Location
18. Funeral director: The S. H. Hines Co
Address 2901-14 St N W Wash. D.C.

19. 5-30 1947 (Date rec'd by registrar) H. W. Ward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 30 May 1947, at 11:50 p. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 29 May 1947 to 30 May 1947 and that I last saw him alive on 30 May 1947

Immediate cause of death	DURATION
Chronic pernic congestion	
Due to Chr. myocarditis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J Owens M.D.
M. D. or other
Address: Huntingtown Md. Date signed: 30 May 47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (166)

CERTIFICATE OF DEATH

03803 # 131

Reg. Diat. No. 51

1. PLACE OF DEATH:
County: Calvert Hospital
City or town: Prince Fredrick,
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
Calvert Co. Hospital
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Calvert
City or town: Prince Fredrick, rm
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Earnest A. Stepney

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	C.	X

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): June 9, 1930

8. AGE: Years	Months	Days	If less than one day
16			..... hrs. ..... min.

9. Birthplace: m (Town, county, and state)
10. Usual occupation: Laborer.
11. Industry or business
FATHER 12. Name: Dennis Stepney
13. Birthplace: md
MOTHER 14. Maiden name: Elizabeth Chase
15. Birthplace: md
16. Informant: Elizabeth Stepney
Address: Prince Frederick Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 5-27-47 (month) (day) (year)
Cemetery or crematory: Youngs Chapel.
Location: Calvert,
18. Funeral director: P.E. Sewell.
Address: Prince Frederick, md
19. 5-26 1947 (Date rec'd by registrar) H.W. Ward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 25, 1947 at 8.30 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

	DURATION
Immediate cause of death: Gunshot wound of abdomen resulting in perforations	5 hr.
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operation: Inspection of large & small intestines
Date of op. 5/24/47
Autopsy results: not made
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Homicide Date of injury 5/24/47
Where did injury occur? Prince Fred. Calvert Md (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Home
Means of injury: Rifle shot Injured at work? No

23. SIGNATURE: H.W. Ward Capt Med. Exam. M. D. or other
Address: Orig. Med Date signed: 5/26/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (195-2)

CERTIFICATE OF DEATH

#1 132

CB 3802

Reg. Dist. No. 51

1. PLACE OF DEATH:
County: Calvert
City or town: Willows
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Calvert
City or town: Washington D.C.
(If outside city or town limits, write RURAL and give nearest town)
Street No. 3112 - Adams St N.E.
(If rural, give LOCATION)
2.(a) If veteran, name war: W

3. (a) FULL NAME: Pete Weaver

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6.(b) Name of husband or wife: May Weaver
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): October 9, 1896

8. AGE: Years	Months	Days	If less than one day
50	7	6	hrs. min.

9. Birthplace: Middlebury, Ind.
(Town, county, and state)
10. Usual occupation: Retired U.S.N.
11. Industry or business: Fisherman
FATHER
12. Name: unknown
13. Birthplace
MOTHER
14. Maiden name: unknown
15. Birthplace
16. Informant: May L Weaver
Address: 3112 Adams St. N.E., Wash. D.C.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 5-19-47 (month) (day) (year)
Cemetery or crematory: Arlington Nat.
Location: Arlington city, Virginia
18. Funeral director: W. W. Chambers & Co.
Address: Riverdale, Md.
19. 5-15 1947 (Date rec'd by registrar) F. W. Ward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 5/15 19 47 at 3 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19 , to 19
and that I last saw h alive on 19

Immediate cause of death	DURATION
Drown due to explosion of boat	
Due to: multiple cerebral injury	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: accident Date of 5/15/47
Where did injury occur? Willows (City or town) Calvert (County) Md. (State)
Injured at home, farm, industry, public place (where?) Willows
Means of injury: Explosion Injured at work? yes

23. SIGNATURE: Fred E. Layton Capt. M.C. U.S.N.
M. D. or other
Address: Owings Md Date signed 5/14/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M